STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

JAN 29 2019

PLEASE PRINT NEW HAMPSHIRE

I. Name of Lobb	oyist(s) Robert L. Be	<u>st</u>		DEPARTMENT OF STA
II. Name of lobb	yist's partnership, firm or c	orporation, if any:		
Sulloway	& Hollis, P.L.L.C.			
	(Name of partnership, firm or co	rporation)		
9 Capitol	Street, Concord, NH 03	3301		
Business Address:		(Town/City)	(State)	(Zip Code)
(603) 224-234	1 (603)	226-2404	e-mail rbest@s	ulloway.com
(Teleph	-	(Fax)		
	ent covers: (Choose one – file nse transactions which are n			ay file a separate report for
☐ All reportable	e transactions occurring in the	months prior to the r	eporting date relative to the	he following client:
CL	M			
O.D.	(Full Name of Client as it	appears on the Lobbyi	st Registration Form)	
OR ☐ All reportable unrelated to any p	transactions by the lobbyist (iparticular client.	ncluding the lobbyis	t's family), or the lobbyin	g firm listed below which are
IV. Date of Reports cover:	ort April 25, 2018 activity from date of registration	ı to 3/3 1/18	July 25, 2018	
•	October 31, 2018 activity from 7/1/18 to 9/30		January 30, 2019 D activity from 10/1/18 to 12/3.	
	been no fees received and cked, complete just this form a 301.			
VI. Check if add	litional reports are attached			
the contract of the contract o	received fees or made expendit	*	Addendum A– Fees and E	Expenses
☐ If you have p Expense Reimbu	oaid an honorarium or reimbur rsement	sed expenses, you m	ust file Addendum B Ro	eport of Honorariums or
☐ If you, your	firm, or your family has made	political contribution	ns, you must file Addend	um C- Political Contributions
I have read RSA and complete to (Signature of lot)	• •	RSA 664 and hereb belief.	y swear or affirm that the	
Robert L. Bo	est ohbvist)			